

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	7653P	04-6-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	1000821	4/13/00
RESPONSE FORMALITY REVIEW	AMC	64144	6/19/00
			115-2

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Cancelled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions
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